

### FOCAL INFECTION

By F. F. GUNDRUM, M. D., Sacramento

The last decade has seen an enormous amount of work and printer's ink devoted to the investigation and discussion of the focal infections. Many of the therapeutic results following ablation of foci of chronic infection have been most brilliant. Many other patients have failed to improve after tonsillectomy, tooth extraction, and a multitude of tinkering. The most disheartening stumbling block for the clinician is the inability to tell whether a given focus is related in a causal way with the symptoms complained of. We may remove many foci, but if we leave the critical collection undrained, no relief follows, to our own distress and the disgust of the patient.

There is an especial difficulty in the paranasal sinuses because neither X-ray, transillumination, or direct inspection will show infection in 100 per cent of cases. It is of the greatest importance to have the patient collect for examination, all nasal and throat discharge for twenty-four hour period. The presence of a definite muco-purulent secretion means a sinusitis without any further examination.

The current method of shrinking the mucous membrane and looking into the nasal passages is too often useless, because the secretion sought is in the sinus, where it cannot be seen, or upon the handkerchief, which is too often omitted upon investigation.

subject of the biography must have been worth while.

The career of General Sternberg was one that was truly remarkable not only in its achievement but also in its variety. The chapters dealing with his life during the Civil War and in the campaigns against the Indians are charmingly written and read more like romance than fact. The list of scientific achievements is too great even to enumerate, but a few must be mentioned in order to give an idea of their variety. General Sternberg was the pioneer bacteriologist in this country. It was he who discovered the pneumococcus. He was the first to demonstrate the tubercle bacillus in this country. He did the pioneer work in solving the yellow fever problem and was responsible for the work of Reed, Carroll, Lazear, and Agramonte. He established the Army Medical School, the Army Nurse Corps, the Dental Corps, and the General Hospitals at the time of the Spanish-American War. At the same period he was responsible for the working out of typhoid fever prevention by sanitary means. Sanitary measures always attracted him. He did some of the earliest the best work on disinfectants.

But why go on giving a partial list of the achievements of the man who stands out pre-eminently as the medical officer who saw the greatest amount of active field service and who turned out and supervised the greatest amount of scientific work of high character? Get the book and read it!

A. L. F.

### Book Reviews

**Medical Clinics of North America.** Volume IV, Number 4 (Philadelphia Number, January, 1921). Octavo of 255 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1921. Published bi-monthly. Price per clinic year: Paper, \$12; Cloth, \$16.

**Alfred Stengel:** On the use of serum and blood of convalescent patients in the treatment of lobar pneumonia and influenzal pneumonia. **Thos. McCrae:** Pain in the lower back. **M. H. Fussell and Leon Jonas:** Calorimetry. **David Riesman:** Phlebitis and thrombosis. **Joseph Sailer:** Case of pernicious anemia. **G. W. Norris:** Tophaceous gout. **E. H. Funk:** The diaphragm. **H. R. M. Landis:** Aneurysm of thoracic aorta. **O. H. P. Pepper:** Medical aspects of retinal hemorrhage. **J. H. Musser, Jr.:** Observations on nephritis. Some unusual manifestations of cerebro-spinal syphilis. **J. P. C. Griffith:** Types of anemia as seen in early life. **F. X. Dercum:** Problems in diseases of internal secretions. **B. B. V. Lyon:** Discussion of treatment of a case of chronic arthritis, with lambiasis, by duodenal biliary drainage. **E. J. G. Beardsley:** Necessity for and importance of routine procedures in clinical medicine. **C. G. Wolferth:** Abnormal cardiac rhythms and their differentiation by simple methods. **T. G. Schnabel:** Gastric dysfunction in cases of internal secretory disturbance. **H. K. Mohler:** Pernicious anemia—gastro-intestinal and spinal cord symptoms. Addison's disease. **T. G. Miller:** Carcinoma of the esophagus. **J. C. Doane:** Some manifestations of alcoholism.

**George Miller Sternberg.** A biography. By Martha L. Sternberg. 326 pp. Chicago. American Medical Association. 1920.

If one knew nothing whatsoever of the life and activities of General Sternberg, a glance at the index of this book would make one desirous of learning something about the man; for in this index are to be found the names of almost all the Americans who have had to do with the prevention of infectious disease. And to have been an associate of these men argues in itself that the

**A Text-book of Physiology, for Students and Practitioners of Medicine.** By Russell Burton Opitz, M. D., Ph. D., Associate Professor of Physiology, Columbia University, New York City. Octavo Volume of 1185 pages with 538 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, \$7.50 net.

This book embodies the subject-matter of lectures delivered at the College of Physicians and Surgeons, Columbia University. As Dr. Opitz has been particularly interested in problems of circulation, the advanced student of physiology will find the chapters on that subject the most interesting. The book appears to be well written and well illustrated and is a welcome addition to the physiological shelf.

W. C. A.

**Surgical Clinics of Chicago.** Volume IV. Number VI (December 1920). Octavo of 1336 pages, 57 illustrations and complete index to Volume IV. Philadelphia and London: W. B. Saunders Company, 1920. Published Bi-monthly. Price per year: Paper, \$12; Cloth, \$16 net.

**A. D. Bevan:** Exstrophy of the bladder. Abscess in deep cervical fascia of neck. Hypernephroma. Stone in cystic duct. Stone in kidney. **Kellogg Speed:** Tendon transplantation for wrist-drop. **T. J. Watkins:** Post-operative atonic ileus. **G. L. McWhorter:** Birth fracture of the humerus reset with aid of fluoroscope. **A. B. Kanavel:** After-treatment of infections of hand. **Dr. Gatewood:** Acute diverticulitis of sigmoid. **G. E. Shambaugh:** Acute perichondritis of epiglottis. Acute sphenoid sinusitis. Primary syphilitic sore on faucial tonsil. Suppuration of labyrinth followed by intracranial complications. Chronic suppurative otitis media with cholesteatoma. **A. J. Ochsner:** Carcinoma of pancreas. **Carey Culbertson:** Fibroid of uterus. **D. N. Eisendrath:** Pyelitis of pregnancy and puerperium. **H. L. Kretschmer:** Eusive ulcer of bladder. **Edmund Andrews:** Large strangulated umbilical hernia. **V. C. David:** Treatment of acute suppurative arthritis of knee-joint. **Hugh McKenna:** Spina Bifida. **Carl Beck:** Tuberculosis of appendix and both adnexae. Arteritis obliterans. Tuberculous arthritis of knee-joint. **C. M. McKenna:** Stone in ureter. Tumor of posterior urethra. **A. H. Montgomery:** Bone cysts. **R. L.**